

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT** ▼Example: If typing, type  
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac St.

Suite 400

☐Check if different  
than previously  
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00042622

3. IS THIS  
REPORT☐NEW  
(N)**OR**☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2011

through

07

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Anderson

Signature of Treasurer

Electronically Filed by Brent Anderson

Date

08

09

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Massachusetts Republican State Congressional Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	191359.55
(b) Cash on Hand at Beginning of Reporting Period .....	82088.72	
(c) Total Receipts (from Line 19) .....	39105.78	289192.93
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	121194.50	480552.48
7. Total Disbursements (from Line 31) .....	52653.13	412011.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	68541.37	68541.37
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	W	Y
0	7	3	1	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	18369.78	158211.99
(ii) Unitemized .....	19236.00	123175.94
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	37605.78	281387.93
(b) Political Party Committees .....	1400.00	1400.00
(c) Other Political Committees (such as PACs) .....	100.00	6405.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	39105.78	289192.93
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	39105.78	289192.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	39105.78	289192.93

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	51303.13	410261.11	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	51303.13	410261.11	
22. Transfers to Affiliated/Other Party Committees.....	1350.00	1750.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	52653.13	412011.11	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52653.13	412011.11	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	39105.78	289192.93
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	39105.78	289192.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	51303.13	410261.11
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	51303.13	410261.11

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

CHRISTINA BAIN

Mailing Address 22 RAYMOND ST

City

MANCHESTER

State

MA

Zip Code

01944-1613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARVARD UNIVERSITY

Occupation

PROGRAM DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 1 1

Transaction ID: SA11.185589

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CHARLES BAKER

Mailing Address 49 MONUMENT AVE

City

SWAMPSCOTT

State

MA

Zip Code

01907-1947

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 7 / 2 0 1 1

Transaction ID: SA11.186011

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

KARYN DEVITO

Mailing Address 68 LINDEN ST

City

WELLESLEY

State

MA

Zip Code

02482-5809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 1 1

Transaction ID: SA11.185914

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 43

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

LOIS EDGERLY

Mailing Address 32 HIGHLAND ST

City

CAMBRIDGE

State

MA

Zip Code

02138-2210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 1 1

Transaction ID: SA11.185628

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CARL HERBERT EMILSON

Mailing Address P.O. BOX 128  
236 CORN HILL LANE DO NOT MAIL

City

MARSHFIELD

State

MA

Zip Code

02059-0128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNKNOWN

Occupation  
UNKNOWN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: SA11.185867

Amount of Each Receipt this Period

180.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WOLFGANG FALCONE

Mailing Address 80 HANCOCK AVE

City

BROCKTON

State

MA

Zip Code

02301-2941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 1 1

Transaction ID: SA11.185908

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

JANE F. FINLAYSON

Mailing Address 18 ESSEX ST

City

BOSTON

State

MA

Zip Code

02129-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 18 / 2011

Transaction ID: SA11.185741

Amount of Each Receipt this Period

137.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GREGORY HOWES

Mailing Address 23 SOUTH ST

City

CONCORD

State

MA

Zip Code

01742-4021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOWES INSURANCE GROUP

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 14 / 2011

Transaction ID: SA11.185597

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

STEPHEN JEFFRIES

Mailing Address 12 BRIMMER ST

City

BOSTON

State

MA

Zip Code

02108-1002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
S.B. JEFFRIES CONSULTANTS

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1111.12

Date of Receipt

M M / D D / Y Y Y Y  
07 / 05 / 2011

Transaction ID: SA11.185522

Amount of Each Receipt this Period

277.78

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

449.78

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

LINDA JEWELL

Mailing Address 11 DOVER CIR

City

FRANKLIN

State

MA

Zip Code

02038-1560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 19 / 2011

Transaction ID: SA11.185745

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL KANE

Mailing Address 162 POND ST

City

ASHLAND

State

MA

Zip Code

01721-2061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
BUILDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 25 / 2011

Transaction ID: SA11.185954

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JEANNE KANGAS

Mailing Address 959 HILL RD

City

BOXBOROUGH

State

MA

Zip Code

01719-1012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARNOLD & KANGAS, P.C.

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 08 / 2011

Transaction ID: SA11.185535

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

JOHN LAROSA

Mailing Address 273 ROSLINDALE AVE

City

ROSLINDALE

State

MA

Zip Code

02131-3339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

BUSINESS AND POLITICAL CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 3 / 2 0 1 1

Transaction ID: SA11.185567

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOHN LAROSA

Mailing Address 273 ROSLINDALE AVE

City

ROSLINDALE

State

MA

Zip Code

02131-3339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

BUSINESS AND POLITICAL CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 9 / 2 0 1 1

Transaction ID: SA11.185756

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BRAD MARSTON

Mailing Address 90 BEACON ST  
#2

City

BOSTON

State

MA

Zip Code

02108-3324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 1 1

Transaction ID: SA11.185900

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

LANCE MAY

Mailing Address 277 HIGHLAND ST

City

LUNENBURG

State

MA

Zip Code

01462-1482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

POLITICAL CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 6 / 2 0 1 1

Transaction ID: SA11.186002

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PETER MONACO

Mailing Address 311 MARLBOROUGH ST

City

BOSTON

State

MA

Zip Code

02116-1608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RAPTOR CAPITAL MANAGEMENT

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 0 / 2 0 1 1

Transaction ID: SA11.185815

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PAUL MORGAN

Mailing Address 23 EAGLES NEST RD

City

DUXBURY

State

MA

Zip Code

02332-5111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MORGAN CONSTRUCTION

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 9 / 2 0 1 1

Transaction ID: SA11.186077

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10160.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

JOHN RACHO

Mailing Address 395 LINEBROOK RD

City

IPSWICH

State

MA

Zip Code

01938-1030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JOHN GALT STAFFING, INC

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 1 1

Transaction ID: SA11.185743

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ANNE KATELYN REGAN

Mailing Address 19 PINE LODGE RD

City

BOSTON

State

MA

Zip Code

02132-3414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EAP&D

Occupation

IP PARALEGAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 1 1

Transaction ID: SA11.185603

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ANNE KATELYN REGAN

Mailing Address 19 PINE LODGE RD

City

BOSTON

State

MA

Zip Code

02132-3414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EAP&D

Occupation

IP PARALEGAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 1 1

Transaction ID: SA11.185911

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

REBECCA SCHIFF

Mailing Address 9 CHASKE AVE

City

AUBURNDALE

State

MA

Zip Code

02466-1103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF RHODE ISLAND

Occupation

DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 2 / 2 0 1 1

Transaction ID: SA11.185560

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

REBECCA SCHIFF

Mailing Address 9 CHASKE AVE

City

AUBURNDALE

State

MA

Zip Code

02466-1103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF RHODE ISLAND

Occupation

DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 1 1

Transaction ID: SA11.185903

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT SEPERSKY

Mailing Address 65 SOUTHWORTH ST

City

LAKEVILLE

State

MA

Zip Code

02347-1214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 9 / 2 0 1 1

Transaction ID: SA11.186030

Amount of Each Receipt this Period

385.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

455.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

DIANNA SMITH

Mailing Address 94 NEWBURY AVE  
#314

City State Zip Code  
QUINCY MA 02171-1958

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BMC

Occupation  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 0 / 2 0 1 1

Transaction ID: SA11.185782

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

D. BRADFORD WETHERELL

Mailing Address 47 FRESH POND LN

City State Zip Code  
CAMBRIDGE MA 02138-4644

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 1 1

Transaction ID: SA11.185936

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH WINN

Mailing Address 3 JONAS STONE CIR

City State Zip Code  
LEXINGTON MA 02420-2136

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF EMPLOYED

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 1 1

Transaction ID: SA11.185607

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

495.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

GEORGE YOUNG

Mailing Address 235 WALKER ST  
APT. 252

City State Zip Code  
LENOX MA 01240-2721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 1 1

Transaction ID: SA11.185729

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

18369.78

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 43

(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)  
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 2ND ST NE

City State Zip Code  
WASHINGTON DC 20002-4914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 11 / 2011

Transaction ID: SA11.185537

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 2ND ST NE

City State Zip Code  
WASHINGTON DC 20002-4914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 18 / 2011

Transaction ID: SA11.185744

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

1400.00



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 43

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

PETERSON

Mailing Address PO BOX 274

City

GRAFTON

State

MA

Zip Code

01519-0274

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 1 1

Transaction ID: SA11.185916

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

100.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

JODY BLAIS

Mailing Address 1420 COUNTY STREET

City  
ATTLEBORO

State  
MA

Zip Code  
02703

Purpose of Disbursement  
REIMBURSEMENT - EVENT SUPPLIES - PARTY O

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.47

Date of Disbursement

07 / 26 / 2011

Amount of Each Disbursement this Period

230.00

B.

Full Name (Last, First, Middle Initial)

PRICE RITE

Mailing Address 1415 ELMWOOD AVE

City  
CRANSTON

State  
RI

Zip Code  
02910

Purpose of Disbursement  
EVENT SUPPLIES - PARTY ONLY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.97

Date of Disbursement

07 / 26 / 2011

Amount of Each Disbursement this Period

230.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

SUE BLAIS

Mailing Address 1420 COUNTY ST

City  
ATTLEBORO

State  
MA

Zip Code  
02730

Purpose of Disbursement  
REIMBURSEMENT - EVENT ONLY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.84

Date of Disbursement

07 / 19 / 2011

Amount of Each Disbursement this Period

375.00

SUBTOTAL of Disbursements This Page (optional) .....

605.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

PRICE RITE

Mailing Address 1415 ELMWOOD AVE

City CRANSTON State RI Zip Code 02910

Purpose of Disbursement  
EVENT SUPPLIES - PARTY ONLY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.99

Date of Disbursement

07 / 19 / 2011

Amount of Each Disbursement this Period

375.00

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN BRENNER

Mailing Address 37 MERRITT AVE

City BROCKTON State MA Zip Code 02302

Purpose of Disbursement  
EVENT ENTERTAINMENT - PARTY ONLY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.83

Date of Disbursement

07 / 22 / 2011

Amount of Each Disbursement this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

TIMOTHY BUCKLEY

Mailing Address 55 W BROADWAY #8

City SOUTH BOSTON State MA Zip Code 02127

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.100

Date of Disbursement

07 / 19 / 2011

Amount of Each Disbursement this Period

1083.01

**SUBTOTAL** of Disbursements This Page (optional) .....

1308.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

TIMOTHY BUCKLEY

Mailing Address 55 W BROADWAY #8

City  
SOUTH BOSTON

State  
MA

Zip Code  
02127

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.104

Date of Disbursement

07 / 05 / 2011

Amount of Each Disbursement this Period

1083.01

B.

Full Name (Last, First, Middle Initial)

TIMOTHY BUCKLEY

Mailing Address 55 W BROADWAY #8

City  
SOUTH BOSTON

State  
MA

Zip Code  
02127

Purpose of Disbursement  
REIMBURSEMENT - PHONE EXPENSES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.86

Date of Disbursement

07 / 05 / 2011

Amount of Each Disbursement this Period

118.77

C.

Full Name (Last, First, Middle Initial)

VERIZON WIRELESS

Mailing Address PO BOX 15062

City  
ALBANY

State  
NY

Zip Code  
12212

Purpose of Disbursement  
PHONE BILL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.98

Date of Disbursement

07 / 05 / 2011

Amount of Each Disbursement this Period

118.77

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

1201.78

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

MATTHEW CASTALDO

Mailing Address 83 SUMMIT RIDGE

City BRAINTREE State MA Zip Code 02184

Purpose of Disbursement  
REIMBURSEMENT - MILEAGE, TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.51

Date of Disbursement

07 / 11 / 2011

Amount of Each Disbursement this Period

312.40

**B.**

Full Name (Last, First, Middle Initial)

BOWDOIN SQAURE EXXON

Mailing Address 239 CAMBRIDGE ST

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
GAS/TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.96

Date of Disbursement

07 / 11 / 2011

Amount of Each Disbursement this Period

312.40

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MATTHEW CASTALDO

Mailing Address 83 SUMMIT RIDGE

City BRAINTREE State MA Zip Code 02184

Purpose of Disbursement  
COMMUNICATIONS CONSULTANT - PARTY ONLY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.52

Date of Disbursement

07 / 20 / 2011

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1312.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

AMANDA CODY

Mailing Address 73 ABBOTT AVENUE

City  
EVERETT

State  
MA

Zip Code  
02149

Purpose of Disbursement  
REIMBURSEMENT - PHONE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.1

Date of Disbursement

07 / 06 / 2011

Amount of Each Disbursement this Period

111.72

B.

Full Name (Last, First, Middle Initial)

VERIZON WIRELESS

Mailing Address PO BOX 15062

City  
ALBANY

State  
NY

Zip Code  
12212

Purpose of Disbursement  
PHONE BILL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.88

Date of Disbursement

07 / 06 / 2011

Amount of Each Disbursement this Period

111.72

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

AMANDA CODY

Mailing Address 73 ABBOTT AVENUE

City  
EVERETT

State  
MA

Zip Code  
02149

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.101

Date of Disbursement

07 / 05 / 2011

Amount of Each Disbursement this Period

940.05

SUBTOTAL of Disbursements This Page (optional) .....

1051.77

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Massachusetts Republican State Congressional Committee

**[MEMO ITEM]**

FEC Schedule B ( Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

METRO CAB

Mailing Address 120 BRAINTREE ST

City  
ALLSTONState  
MAZip Code  
02134Purpose of Disbursement  
CAB FARE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.90

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 2 0 / 2 0 1 1

Amount of Each Disbursement this Period

21.80

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

U.S. POSTAL SERVICE

Mailing Address JFK STATION

City  
BOSTONState  
MAZip Code  
02114Purpose of Disbursement  
MAILINGS AND PERMIT RENEWAL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.89

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 2 0 / 2 0 1 1

Amount of Each Disbursement this Period

410.40

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

AMANDA CODY

Mailing Address 73 ABBOTT AVENUE

City  
EVERETTState  
MAZip Code  
02149Purpose of Disbursement  
REIMBURSEMENT - TRAVEL AND EVENT SUPPLIE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.3

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 2 6 / 2 0 1 1

Amount of Each Disbursement this Period

66.06

SUBTOTAL of Disbursements This Page (optional) .....

66.06

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

METRO CAB

Mailing Address 120 BRAINTREE ST

City  
ALLSTONState  
MAZip Code  
02134Purpose of Disbursement  
CAB FARE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.92

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 2 6 / 2 0 1 1

Amount of Each Disbursement this Period

20.40

**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

ANTONY FERRUCCI

Mailing Address 62 DWIGHT STREET, APT 1

City  
BROOKLINEState  
MAZip Code  
02446Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.102

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 1 1

Amount of Each Disbursement this Period

916.77

**C.**

Full Name (Last, First, Middle Initial)

ANTONY FERRUCCI

Mailing Address 62 DWIGHT STREET, APT 1

City  
BROOKLINEState  
MAZip Code  
02446Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.106

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 1 9 / 2 0 1 1

Amount of Each Disbursement this Period

916.77

SUBTOTAL of Disbursements This Page (optional) .....

1833.54

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

ANTONY FERRUCCI

Mailing Address 62 DWIGHT STREET, APT 1

City State Zip Code  
BROOKLINE MA 02446

Purpose of Disbursement  
REIMBURSEMENT: PHONE, TAXI, MILEAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.12

Date of Disbursement

/   /

Amount of Each Disbursement this Period

140.00

B.

Full Name (Last, First, Middle Initial)

BOWDOIN SQAURE EXXON

Mailing Address 239 CAMBRIDGE ST

City State Zip Code  
BOSTON MA 02114

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.94

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

LAZ PARKING

Mailing Address 100 HIGH ST

City State Zip Code  
BOSTON MA 02110

Purpose of Disbursement  
PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.95

Date of Disbursement

/   /

Amount of Each Disbursement this Period

21.12

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

140.00

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Massachusetts Republican State Congressional Committee

**[MEMO ITEM]**

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

NATHAN LITTLE

Mailing Address 83 CONGREVE

City  
W ROXBURY

State  
MA

Zip Code  
02132

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.107

Date of Disbursement

07 / 19 / 2011

Amount of Each Disbursement this Period

2191.73

B.

Full Name (Last, First, Middle Initial)

MELISSA LUCAS

Mailing Address 22 SLAYTON RD.

City  
MELROSE

State  
MA

Zip Code  
02176

Purpose of Disbursement  
EVENT PLANNING CONSULTANT-PARTY ONLY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.54

Date of Disbursement

07 / 05 / 2011

Amount of Each Disbursement this Period

2557.00

C.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City  
NEWARK

State  
NJ

Zip Code  
07101--127

Purpose of Disbursement  
CC PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.5

Date of Disbursement

07 / 05 / 2011

Amount of Each Disbursement this Period

762.30

SUBTOTAL of Disbursements This Page (optional) .....

5511.03

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City  
NEWARK

State  
NJ

Zip Code  
07101--127

Purpose of Disbursement  
CC PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.8

Date of Disbursement

07 / 18 / 2011

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

AUTHORIZE.NET

Mailing Address P.O. BOX 8999

City  
SAN FRANCISCO

State  
CA

Zip Code  
94128

Purpose of Disbursement  
CC PROCESSING FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.13

Date of Disbursement

07 / 05 / 2011

Amount of Each Disbursement this Period

5.00

C.

Full Name (Last, First, Middle Initial)

AUTHORIZE.NET

Mailing Address P.O. BOX 8999

City  
SAN FRANCISCO

State  
CA

Zip Code  
94128

Purpose of Disbursement  
CC PROCESSING FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.14

Date of Disbursement

07 / 05 / 2011

Amount of Each Disbursement this Period

20.00

SUBTOTAL of Disbursements This Page (optional) .....

125.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) AUTHORIZE.NET Mailing Address P.O. BOX 8999	<b>Transaction ID:</b> SB.15 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 5 / 2 0 1 1</div> </div>
City SAN FRANCISCO State CA Zip Code 94128 Purpose of Disbursement CC PROCESSING FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>15.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) BANK OF AMERICA\FLEET BANK Mailing Address PO BOX 25118 City TAMPA State FL Zip Code 33622 Purpose of Disbursement CC PROCESSING FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB.16 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>49.99</div>
<b>C.</b> Full Name (Last, First, Middle Initial) BANK OF AMERICA\FLEET BANK Mailing Address PO BOX 25118 City TAMPA State FL Zip Code 33622 Purpose of Disbursement CC PROCESSING FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB.17 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 3 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>74.99</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

139.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
BANK OF AMERICA\FLEET BANK

Mailing Address PO BOX 25118

City  
TAMPA

State  
FL

Zip Code  
33622

Purpose of Disbursement  
CC PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.18

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
BFSDANIELS

Mailing Address 12 CHANNEL STREET

City  
BOSTON

State  
MA

Zip Code  
02210

Purpose of Disbursement  
BBQ INVITATIONS AND POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.19

Date of Disbursement

/   /

Amount of Each Disbursement this Period

558.88

**C.** Full Name (Last, First, Middle Initial)  
BLUE CROSS BLUE SHIELD

Mailing Address PO BOX 371318

City  
PITTSBURGH

State  
PA

Zip Code  
15250--731

Purpose of Disbursement  
STAFF HEALTH INSURANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.20

Date of Disbursement

/   /

Amount of Each Disbursement this Period

461.92

**SUBTOTAL** of Disbursements This Page (optional) .....

1045.80

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Massachusetts Republican State Congressional Committee

07 / 11 / 2011

1000.00

State:  District:

300.00

State: District:

950.00

State:  District:

FEC Schedule B ( Form 3X) (Revised 02/2003)



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Massachusetts Republican State Congressional Committee

07 / 19 / 2011

State:  District:

## 07 / 27 / 2011

State: District:

State: District:

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address P.O. BOX 371461

City  
PITTSBURGH

State  
PA

Zip Code  
15250--746

Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.39

Date of Disbursement

07 / 05 / 2011

Amount of Each Disbursement this Period

15.17

B.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address P.O. BOX 371461

City  
PITTSBURGH

State  
PA

Zip Code  
15250--746

Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.40

Date of Disbursement

07 / 08 / 2011

Amount of Each Disbursement this Period

25.98

C.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address P.O. BOX 371461

City  
PITTSBURGH

State  
PA

Zip Code  
15250--746

Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.41

Date of Disbursement

07 / 14 / 2011

Amount of Each Disbursement this Period

34.75

**SUBTOTAL** of Disbursements This Page (optional) .....

75.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address P.O. BOX 371461

City  
PITTSBURGH

State  
PA

Zip Code  
15250--746

Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.42

Date of Disbursement

/   /

Amount of Each Disbursement this Period

34.75

**B.**

Full Name (Last, First, Middle Initial)

FLS CONNECT

Mailing Address 7300 HUDSON BLVD. STE.270

City  
S. PAUL

State  
MN

Zip Code  
55128

Purpose of Disbursement  
TELEMARKETING EXPENSES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.43

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8482.70

**C.**

Full Name (Last, First, Middle Initial)

GO DADDY.COM

Mailing Address 14455 N HAYDEN RD  
SUITE 219

City  
SCOTTSDALE

State  
AZ

Zip Code  
85260

Purpose of Disbursement  
INTERNET EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.44

Date of Disbursement

/   /

Amount of Each Disbursement this Period

36.51

**SUBTOTAL** of Disbursements This Page (optional) .....

8553.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) <b>ICONACT</b>	<b>Transaction ID:</b> SB.45 <b>Date of Disbursement</b>																				
Mailing Address 5221 PARAMOUNT PARKWAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	5		2	0	1	1												
City MORRISVILLE State NC Zip Code 27560	Amount of Each Disbursement this Period																				
Purpose of Disbursement EMAIL BLAST EXPENSE	<table border="1"> <tr> <td colspan="10">149.00</td> </tr> </table>	149.00																			
149.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>INTUIT QB ONLINE</b>	<b>Transaction ID:</b> SB.46 <b>Date of Disbursement</b>																				
Mailing Address 2700 COAST AVENUE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	5		2	0	1	1												
City MOUNTAIN VIEW State CA Zip Code 94943	Amount of Each Disbursement this Period																				
Purpose of Disbursement ACCOUNTING SYSTEM FEE	<table border="1"> <tr> <td colspan="10">37.13</td> </tr> </table>	37.13																			
37.13																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>KONICA MINOLTA</b>	<b>Transaction ID:</b> SB.48 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 550599	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	9		2	0	1	1												
City JACKSONVILLE State FL Zip Code 32255	Amount of Each Disbursement this Period																				
Purpose of Disbursement COPIER SERVICE	<table border="1"> <tr> <td colspan="10">693.95</td> </tr> </table>	693.95																			
693.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**880.08**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Massachusetts Republican State Congressional Committee

FEC Schedule B ( Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

OX-EYE PROPERTIES

Mailing Address 117 SOUTH 14TH ST. SUITE 300

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.57

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	1	1

Amount of Each Disbursement this Period

374.20

**B.**

Full Name (Last, First, Middle Initial)

OX-EYE PROPERTIES

Mailing Address 117 SOUTH 14TH ST. SUITE 300

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement  
RENT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.58

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	1

Amount of Each Disbursement this Period

4434.00

**C.**

Full Name (Last, First, Middle Initial)

PAYRIGHT PAYROLL SERVICES

Mailing Address 468 GREAT ROAD

City ACTON State MA Zip Code 01720

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.59

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	1

Amount of Each Disbursement this Period

1871.10

SUBTOTAL of Disbursements This Page (optional) .....

6679.30

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

PAYRIGHT PAYROLL SERVICES

Mailing Address 468 GREAT ROAD

City  
ACTON

State  
MA

Zip Code  
01720

Purpose of Disbursement  
PAYROLL SERVICE FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.61

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.35

**B.**

Full Name (Last, First, Middle Initial)

PAYRIGHT PAYROLL SERVICES

Mailing Address 468 GREAT ROAD

City  
ACTON

State  
MA

Zip Code  
01720

Purpose of Disbursement  
PAYROLL SERVICE FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.62

Date of Disbursement

/   /

Amount of Each Disbursement this Period

41.60

**C.**

Full Name (Last, First, Middle Initial)

PAYRIGHT PAYROLL SERVICES

Mailing Address 468 GREAT ROAD

City  
ACTON

State  
MA

Zip Code  
01720

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.63

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1871.10

**SUBTOTAL** of Disbursements This Page (optional) .....

1963.05

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

PAYRIGHT PAYROLL SERVICES

Mailing Address 468 GREAT ROAD

City  
ACTON

State  
MA

Zip Code  
01720

Purpose of Disbursement  
TAX REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.65

Date of Disbursement

/   /

Amount of Each Disbursement this Period

80.45

**B.**

Full Name (Last, First, Middle Initial)

PAYRIGHT PAYROLL SERVICES

Mailing Address 468 GREAT ROAD

City  
ACTON

State  
MA

Zip Code  
01720

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.66

Date of Disbursement

/   /

Amount of Each Disbursement this Period

0.02

**C.**

Full Name (Last, First, Middle Initial)

PROLAB EXPRESS

Mailing Address 3525 LOUSMA DR SE

City  
GRAND RAPIDS

State  
MI

Zip Code  
49548

Purpose of Disbursement  
PHOTO PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.80

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6.34

**SUBTOTAL** of Disbursements This Page (optional) .....

86.81

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
**SCITUATE PORTABLE RESTROOMS**

Mailing Address 26 GREEN HILL RD

City State Zip Code  
JONHSTON RI 02919

Purpose of Disbursement  
FUNDRAISING EVENT - PARTY ONLY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.81

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 25 2011

Amount of Each Disbursement this Period

120.00

**B.** Full Name (Last, First, Middle Initial)  
**STAPLES**

Mailing Address STAPLES CREDIT PLAN

City State Zip Code  
DES MOINES IA 50368--902

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.82

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 26 2011

Amount of Each Disbursement this Period

58.29

**C.** Full Name (Last, First, Middle Initial)  
**TIA'S AT LONG WHARF**

Mailing Address 200 ATLANTIC AVENUE

City State Zip Code  
BOSTON MA 02110

Purpose of Disbursement  
FUNDRAISING EVENT - PARTY ONLY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.85

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 15 2011

Amount of Each Disbursement this Period

503.75

**SUBTOTAL** of Disbursements This Page (optional) .....

682.04

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

VERIZON WIRELESS

Mailing Address P.O. BOX 15023

City  
WORCESTER

State  
MA

Zip Code  
01615-00-2

Purpose of Disbursement  
PHONE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.87

Date of Disbursement

/   /

Amount of Each Disbursement this Period

655.45

SUBTOTAL of Disbursements This Page (optional) .....

655.45

TOTAL This Period (last page this line number only) .....

51303.13

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 43

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

MASSACHUSETTS REPUBLICAN PARTY

Mailing Address 85 MERRIMAC ST.

City  
BOSTON

State  
MA

Zip Code  
02114

Purpose of Disbursement  
Over-contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB.50

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Jeanne Kangas \$1,350

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....